



PTO/SB/22 (10-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) 251002009400	
Application Number 09/994,573		Filed November 26, 2001	
For METHODS FOR PRODUCING PROTEIN DOMAINS AND ANALYZING THREE DIMENSIONAL STRUCTURES OF PROTEINS BY USING SAID DOMAINS			
Art Unit 1653		Examiner H. Robinson	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		Fee	Small Entity Fee
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120.00	\$60.00 \$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450.00	\$225.00 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1,020.00	\$510.00 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$795.00 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$1,080.00 \$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.		
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>29,959</u>	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____	
<u>Kate H. Murashige</u>		<u>December 22, 2004</u>	
Signature		Date	
<u>Kate H. Murashige</u>		<u>(858) 720-5112</u>	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of <u>1</u> Form is submitted.		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 22, 2004

Signature: Judy Calem (Judy Calem)

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